



Health Professions Quality Assurance Division
P.O. Box 47869
Olympia, WA 98504-7869

Request For Establishment Information

For Office Use Only

DATE RECEIVED BY DOH

NAME OF ESTABLISHMENT		TELEPHONE ()	
ADDRESS (STREET ADDRESS ONLY)			
CITY		STATE	ZIP
Hearing Instrument Fitting and Dispensing activities are performed in this establishment: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Daily establishment work hours.			
Days of the week establishment is open:			
Hearing Instrument Fitter/Dispensers Working in Establishment			
OWNER		MANAGER	
EMPLOYEE(S)			
1) _____		2) _____	
3) _____		4) _____	
5) _____		6) _____	
Note: If additional space is needed for names, please use reverse side of form.			
Audiologists Working in Establishment			
OWNER		MANAGER	
EMPLOYEE(S)			
1) _____		2) _____	
3) _____		4) _____	
5) _____		6) _____	
Note: If additional space is needed for names, please use reverse side of form.			
Speech-Language Pathologists Working in Establishment			
OWNER		MANAGER	
EMPLOYEE(S)			
1) _____		2) _____	
3) _____		4) _____	
5) _____		6) _____	
Note: If additional space is needed for names, please use reverse side of form.			
Interim Permit Holder			
NAME		SPONSOR	
PERMIT #	DATE ISSUED		DATE TERMINATED
FORM COMPLETED BY:			DATE: